

**NOTICE OF PROPOSED RULEMAKING**  
**TITLE 9. HEALTH SERVICES**  
**CHAPTER 10. DEPARTMENT OF HEALTH SERVICES**  
**HEALTH CARE INSTITUTIONS: LICENSING**

**PREAMBLE**

- 1. Sections Affected** **Rulemaking Action**

Article 1

R9-10-101 Amend

R9-10-104 Amend
- 2. The statutory authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**

Authorizing statutes: A.R.S. §§ 36-132(A)(1) and (A)(17), and 36-136(F)

Implementing statutes: A.R.S. §§ 36-405 and 36-406
- 3. A list of all previous notices appearing in the Register addressing the proposed rules:**

Notice of Rulemaking Docket Opening: 14 A.A.R. 2042, May 23, 2008

Notice of Rulemaking Docket Opening: 14 A.A.R. 2043, May 23, 2008

Notice of Proposed Rulemaking: (volume) A.A.R. (page), (date) (*in this issue*)
- 4. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:**

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or

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**5. An explanation of the rules, including the agency's reasons for initiating the rulemaking:**

A.R.S. § 36-405 requires the Arizona Department of Health Services (Department) to adopt rules to establish minimum standards and requirements for the construction, modification, and licensure of health care institutions necessary to assure the public health, safety, and welfare.

A.R.S. § 36-406 requires the Department to review and authorizes the Department to approve plans and specifications for the construction of or modifications or additions to health care institutions regulated under A.R.S. Title 36, Chapter 4. A.R.S. § 36-421(A) requires an initial license application for a health care institution to include architectural plans and specifications, which are required to meet the minimum standards for licensure within the class or subclass of health care institution for which they are intended.

In R9-10-101, the Department defines terms relevant to the licensing of health care institutions.

In R9-10-104, the Department establishes the conditions for approval of architectural plans and specifications for construction or modification of health care institutions. Businesses that own health care institutions are required to obtain Department approval before proceeding with construction or modification. Health care institutions are required to ensure that architectural plans and specifications conform to physical plant health and safety codes and standards incorporated by reference in R9-1-412. The Department incorporates codes and standards by reference in R9-1-412 so that the Department can refer to R9-1-412 in its different sets of licensing rules throughout A.A.C. Chapter 9, rather than including separate incorporations by reference in each set of licensing rules.

The purpose of this rulemaking is to clarify and update the requirements in 9 A.A.C. 10, Article 1 to reflect Department policy and practice requirements. In a separate, related rulemaking, the Department is amending 9 A.A.C. 1, Article 4, Codes and Standards Referenced (also published in this issue). This proposed rulemaking amends 9 A.A.C. 10, Article 1 by:

- Adding definitions to R9-10-101 for eight new terms introduced into 9 A.A.C. 10, Article 1 in this rulemaking.

- Adding a provision at R9-10-104(A)(1)(f) to require an applicant to submit a functional program as described and required in the American Institute of Architects and Facilities Guidelines Institute, Guidelines for Design and Construction of Health Care Facilities incorporated by reference in A.A.C. R9-1-412. This requirement reflects current practice.
- Amending R9-10-104(A) by dividing it into R9-10-104(A) and (B) to distinguish the documents an applicant is required to submit before the completion of construction or modification of a health care institution from the documents an applicant is required to submit after the completion of construction or modification of a health care institution.
- Adding a provision at R9-10-104(A)(3)(d)(ix) to require an applicant to submit a patient medical gas, vacuum, and piped distribution system plan, drawn to scale, showing the layout, gas, pipe sizing, stations, and materials. This requirement reflects current practice, because applicants currently submit the patient medical gas, vacuum, and piped distribution system plan as part of the plumbing floor plan in subsection (A)(3)(d)(ix). The proposed rules separate the two requirements for clarity.
- Amending R9-10-104(B)(1)(f)(i) to require that the tests of heating, ventilation, air conditioning, pressure relationships, and air balance be performed and certified by a contractor who did not install the heating, ventilation, or air conditioning (HVAC) systems. This requirement reflects current practice.
- Adding a provision at R9-10-104(B)(1)(f)(ii) to require a project's mechanical engineer to sign a document stating that the results of the tests of heating, ventilation, air conditioning, pressure relationships, and air balance required in R9-10-104(B)(1)(f)(i) indicate that the HVAC systems operate as designed. This requirement reflects current practice.
- Amending R9-10-104(B)(1)(h)(i) to require tests of the patient medical gas, vacuum, and piped distribution systems to be performed and certified by a person who did not install the patient medical gas, vacuum, and piped distribution systems.
- Adding a provision at R9-10-104(B)(1)(h)(ii) to require a project's mechanical engineer to sign a document stating that the tests of patient medical gas, vacuum, and piped distribution systems indicate that the patient medical gas, vacuum, and piped distribution systems operate as designed.
- Adding a provision at R9-10-104(B)(1)(h)(iii) to require applicants to submit a copy of the patient medical gas, vacuum, and piped distribution systems installer qualifications required in the National Fire Codes incorporated by reference in R9-1-412.

- Adding a provision at R9-10-104(B)(1)(h)(iv) to require applicants to submit a copy of the patient medical gas, vacuum, and piped distribution systems brazing procedures qualifications required in the National Fire Codes incorporated by reference in R9-1-412.
- Amending R9-10-104(B)(1)(i) to require health care institutions to report the kilowatt capacity and number of transfer switches for an emergency generator. Health care institutions collect this information in current practice, but do not report this information to the Department.
- Adding a provision at R9-10-104(B)(1)(j) to require a project's electrical engineer to sign a document stating that the tests of the isolated power system, if installed, demonstrate that the isolated power system operates as designed.
- Adding a provision at R9-10-104(B)(1)(m) to require health care institutions to submit a copy of the infection control risk assessment required in the American Institute of Architects and Facilities Guidelines Institute, Guidelines for Design and Construction of Health Care Facilities incorporated by reference in A.A.C. R9-1-412. This requirement reflects current practice.
- Adding a provision at R9-10-104(B)(1)(n) to require health care institutions to submit a copy of a food establishment license issued according to 9 A.A.C. 8, Article 1. This requirement reflects current practice.
- Adding a provision at R9-10-104(B)(1)(o) to require health care institutions to submit a copy of a pharmacy permit issued according to 4 A.A.C. 23. This requirement reflects current practice.
- Adding a provision at R9-10-104(B)(1)(p) to require health care institutions to submit a copy of a swimming pool permit and a copy of a swimming pool barrier permit issued by a local governmental agency. This requirement reflects current practice.
- Adding a provision at R9-10-104(B)(1)(q) to require health care institutions to submit a copy of written documentation issued by the Federal Aviation Administration approving the use of a heliport. This requirement reflects current practice.
- Adding a provision at R9-10-104(B)(1)(r) to require health care institutions to submit the site plan and floor plans for a project, with graphic scale, reduced to 11 by 17 inch paper. This requirement reflects current practice.
- Adding a provision at R9-10-104(B)(1)(s) to require health care institutions to submit as-built drawings for the project. This requirement reflects current practice.
- Adding R9-10-104(F) and (G) to clarify requirements currently in R9-1-411(D) related to correcting deficiencies in physical plants. R9-1-411(D) is being repealed in a separate,

related rulemaking. This requirement does not change practice or substantive requirements currently in R9-1-411(D).

The proposed rules conform to rulemaking format and style requirements of the Governor's Regulatory Review Council and the Office of the Secretary of State.

**6. A reference to any study relevant to the rules that the agency reviewed and either proposes to rely on in its evaluation of or justification for the rules or proposes not to rely on in its evaluation of or justification for the rules, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:**

The Department did not review or rely on any study related to this rulemaking.

**7. A showing of good cause why the rules are necessary to promote a statewide interest if the rules will diminish a previous grant of authority of a political subdivision of this state:**

Not applicable

**8. The preliminary summary of the economic, small business, and consumer impact:**

Annual cost/revenue changes are designated as minimal when less than \$5,000, moderate when between \$5,000 and \$50,000, and substantial when greater than \$50,000 in additional costs or revenues.

Cost bearers are identified as the Department, which approves architectural plans and specifications for applicants who are businesses that own, design, construct, or modify health care institutions, and businesses that own, design, construct, or modify health care institutions, or "applicants," as context requires, which request approval from the Department for architectural plans and specifications for the construction or modification of health care institutions. This rulemaking does not cause a direct economic impact except to the identified cost bearers, but the Department expects to improve public health, safety, and welfare by updating rules to be more clear, concise, and understandable and consistent with current Department policy and practice. The estimated economic impact of this rulemaking is as follows:

**Table 1. Department of Health Services**

<b>Rule</b>	<b>Description of Effect</b>	<b>Increased Cost/ Decreased Revenue</b>	<b>Decreased Cost/ Increased Revenue</b>
R9-10-101 and R9-10-104	Staff time spent notifying stakeholders of the changes to R9-10-101 and R9-10-104.	Minimal -- The cost for one hour of one staff member's time is approximately \$25.00.	None

**Table 2. Businesses that own, design, construct, or modify health care institutions**

<b>Rule</b>	<b>Description of Effect</b>	<b>Increased Cost/ Decreased Revenue</b>	<b>Decreased Cost/ Increased Revenue</b>
R9-10-104(A)(1)(f)	Applicants requesting Department approval for architectural plans and specifications are required to submit a functional program, as described and required in the American Institute of Architects and Facilities Guidelines Institute, Guidelines for Design and Construction of Health Care Facilities, incorporated by reference in R9-1-412.	Minimal -- The Department already collects a functional program from applicants according to policy and practice.	None
R9-10-104(A)(3)(d)(ix)	Applicants requesting Departmental approval for architectural plans and specifications are required to submit a patient medical gas, vacuum, and piped distribution system plan, drawn to scale, showing the layout, gas, pipe sizing, stations, and materials.	None -- Does not impose any additional costs on the regulated community because applicants currently submit the patient medical gas, vacuum, and piped distribution system plan as part of the plumbing floor plan in subsection (A)(3)(d)(ix). The proposed rules separate the two requirements for clarity.	None
R9-10-104(B)(1)(f)(i)	Tests of heating, ventilation, air conditioning, and air balance must be performed and certified by a contractor who did not install the heating, ventilation, or air conditioning (HVAC) systems.	None -- Does not impose any additional costs on the regulated community because this is already required by the National Fire Protection Association, National Fire Codes (2006), incorporated by reference in R9-1-412.	None
R9-10-104(B)(1)(f)(ii)	A project's mechanical engineer must sign a document stating that the tests of heating, ventilation, air conditioning, and air balance required in R9-10-104(A)(5)(f)(i) demonstrate that the HVAC systems operate as designed.	Minimal -- Applicants may incur minimal costs for the project's mechanical engineer to perform this service. The Department already collects this document from applicants according to policy and practice.	None
R9-10-104(B)(1)(h)(i)	Tests of inhalation anesthetics and nonflammable medical gas systems must be performed and certified by a contractor who did not install the inhalation anesthetics or nonflammable medical gas system.	None -- Does not impose any additional costs on the regulated community because this is already required by the National Fire Protection Association, National Fire Codes (2006), incorporated by reference in R9-1-412.	None
R9-10-104(B)(1)(h)(ii)	A project's mechanical engineer must sign a document stating that the tests of inhalation anesthetics and nonflammable medical gas systems indicate that the inhalation anesthetics and nonflammable medical gas systems operate as designed.	Minimal -- Applicants may incur minimal costs for the project's mechanical engineer to perform this service. The Department already collects this document from applicants	None

<b>Rule</b>	<b>Description of Effect</b>	<b>Increased Cost/ Decreased Revenue</b>	<b>Decreased Cost/ Increased Revenue</b>
		according to policy and practice.	
R9-10-104(B)(1)(h)(iii)	Applicants must submit a copy of the medical gas and vacuum piping installer qualifications required in the National Fire Codes incorporated by reference in R9-1-412.	None -- Does not impose any additional costs on the regulated community because this is already required by the National Fire Protection Association, National Fire Codes (2006), incorporated by reference in R9-1-412.	None
R9-10-104(B)(1)(h)(iv)	Applicants must submit a copy of the medical gas and vacuum piping brazing procedures qualifications required in the National Fire Codes incorporated by reference in R9-1-412.	None -- Does not impose any additional costs on the regulated community because this is already required by the National Fire Protection Association, National Fire Codes (2006), incorporated by reference in R9-1-412.	None
R9-10-104(B)(1)(i)	Applicants must submit the kilowatt capacity and number of transfer switches for an emergency generator.	Minimal -- The businesses that own, design, construct, or modify health care institutions may incur a minimal cost to add this information to the application documents for approval of architectural plans and specifications. The businesses that own, design, construct, or modify health care institutions already collect this information.	None
R9-10-104(B)(1)(j)	A project's electrical engineer must sign a document stating that the tests of an isolated power system, if installed, demonstrate that the isolated power system operates as designed.	Minimal -- The Department already collects this document from applicants according to policy and practice.	None
R9-10-104(B)(1)(m)	Applicants must submit a copy of the infection control risk assessment required in the American Institute of Architects and Facilities Guidelines Institute, Guidelines for Design and Construction of Health Care Facilities incorporated by reference in R9-1-412.	Minimal -- The Department already collects this document from applicants according to policy and practice.	None
R9-10-104(B)(1)(n)	Applicants must submit a copy of a food establishment license issued according to 9 A.A.C. 8, Article 1.	Minimal -- The Department already collects this document from applicants according to policy and practice.	None
R9-10-104(B)(1)(o)	Applicants must submit a copy of a pharmacy permit issued according to 4 A.A.C. 23.	Minimal -- The Department already collects this document from applicants according to policy and practice.	None

Rule	Description of Effect	Increased Cost/ Decreased Revenue	Decreased Cost/ Increased Revenue
R9-10-104(B)(1)(p)	Applicants must submit a copy of a swimming pool permit and swimming pool barrier permit issued by a local governmental agency.	Minimal -- The Department already collects this document from applicants according to policy and practice.	None
R9-10-104(B)(1)(q)	Applicants must submit a copy of written documentation issued by the Federal Aviation Administration approving the use of a heliport.	Minimal -- The Department already collects this document from applicants according to policy and practice.	None
R9-10-104(B)(1)(r)	Applicants must submit a copy of the site plan described in R9-10-104(A)(3)(c) and the floor plans described in R9-10-104(A)(3)(d), with graphic scale, formatted on 11 by 17 inch paper.	Minimal -- The Department already collects this document from applicants according to policy and practice reduced to 8.5 by 11 inch paper or 11 by 17 inch paper, and copy costs vary based on the size of the project.	None
R9-10-104(B)(1)(s)	Applicants must submit a copy of the as-built drawings for the construction or modification project.	Minimal -- The Department already collects this document from applicants according to policy and practice.	None

**9. The name and address of agency personnel with whom persons may communicate regarding the accuracy of the economic, small business, and consumer impact statement:**

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**10. The time, place, and nature of the proceedings for the making, amendment, or repeal of the rules, or if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rules:**

The Department has scheduled the following oral proceeding:

Date: Monday, August 25, 2008  
Time: 9:30 a.m.  
Location: Arizona Department of Health Services  
1740 W. Adams, Room 411  
Phoenix, AZ 85007  
Close of record: Monday, August 25, 2008, at 5:00 p.m.

Written comments on the proposed rulemaking or the preliminary economic, small business, and consumer impact summary may be submitted to either individual listed in items #4 and #9 until the close of record at 5:00 p.m. on Monday, August 25, 2008.

Individuals with a disability may request a reasonable accommodation by contacting Michael Bahr at (602) 364-0793 or bahrm@azdhs.gov. A request should be made as early as possible to allow time to arrange the accommodation.

**11. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:**

None

**12. Incorporations by reference and their location in the rules:**

None

**13. The full text of the rules follows:**

**TITLE 9. HEALTH SERVICES**  
**CHAPTER 10. DEPARTMENT OF HEALTH SERVICES**  
**HEALTH CARE INSTITUTIONS: LICENSING**  
**ARTICLE 1. GENERAL**

R9-10-101.	Definitions
R9-10-104.	Approval of Architectural Plans and Specifications

## ARTICLE 1. GENERAL

### **R9-10-101. Definitions**

No change

1. No change
2. No change
3. No change
  - a. No change
  - b. No change
4. No change
5. No change
6. No change
  - a. No change
  - b. No change
  - c. No change
7. No change
  - a. No change
  - b. No change
8. "As-built drawing" means a document that depicts all final construction elements of construction or modification of a health care institution.
- ~~8.9.~~ No change
- ~~9.10.~~ No change
- ~~10.11.~~ No change
- ~~11.12.~~ No change
- ~~12.13.~~ No change
- ~~13.14.~~ No change
- ~~14.15.~~ No change
- ~~15.16.~~ No change
- ~~16.17.~~ No change
- ~~17.18.~~ No change
- ~~18.19.~~ No change
20. "Device" means a piece of equipment that performs a specific function.
- ~~19.21.~~ No change
22. "Electrical engineer" means an individual registered as an electrical engineer according to 4 A.A.C. 30, Article 2.

- ~~20-23.~~ No change
- ~~21-24.~~ No change
- ~~22-25.~~ No change
- ~~23-26.~~ No change
27. “Graphic scale” means a graduated line on a floor plan that is used to represent a measured distance on the floor plan.
- ~~24-28.~~ No change
- ~~25-29.~~ No change
- ~~26-30.~~ No change
- a. No change
- b. No change
- c. No change
- ~~27-31.~~ No change
- ~~28-32.~~ No change
- ~~29-33.~~ No change
34. "Isolated power system" means an electrical distribution device that is shielded from the electrical ground, used primarily in locations where a health care institution's staff or patients may encounter standing fluids on the floor or drenching of the work area.
- ~~30-35.~~ No change
- ~~31-36.~~ No change
- a. No change
- b. No change
- c. No change
- ~~32-37.~~ No change
38. “Mechanical engineer” means an individual registered as a professional mechanical engineer according to 4 A.A.C. 30, Article 2.
- ~~33-39.~~ No change
- ~~34-40.~~ No change
- a. No change
- b. No change
- c. No change
- ~~35-41.~~ No change
- ~~36-42.~~ No change
- ~~37-43.~~ No change

- ~~38.44.~~ No change
- ~~39.45.~~ No change
- ~~40.46.~~ No change
- ~~41.47.~~ No change
- ~~42.48.~~ No change
49. "Patient medical gas" means piped gases such as oxygen, nitrous oxide, helium, and carbon dioxide that are used for purposes related to human respiration and the calibration of devices used for human respiration.
- ~~43.50.~~ No change
- ~~44.51.~~ No change
- ~~45.52.~~ No change
- ~~46.53.~~ No change
- ~~47.54.~~ No change
- ~~48.55.~~ No change
- ~~49.56.~~ No change
- ~~50.57.~~ No change
- ~~51.58.~~ No change
- ~~52.59.~~ No change
- ~~53.60.~~ No change
- a. No change
- b. No change
- c. No change
- d. No change
- ~~54.61.~~ No change
- ~~55.62.~~ No change
- ~~56.63.~~ No change
- ~~57.64.~~ No change
- ~~58.65.~~ No change
66. "Transfer switch" means a device that directs power from an emergency generator when another source of power fails.
- ~~59.67.~~ No change
- ~~60.68.~~ No change

**R9-10-104. Approval of Architectural Plans and Specifications**

- A. For approval of architectural plans and specifications for the construction or modification of a health care institution that is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in R9-1-412, an applicant shall submit to the Department before completion of the construction or modification an application packet including:
1. An application form provided by the Department that contains:
    - a. For construction of a new health care institution:
      - i. The health care institution's name, street address, city, state, zip code, telephone number, and fax number;
      - ii. The name and address of the health care institution's governing authority;
      - iii. The requested health care institution class or subclass; and
      - iv. The requested licensed capacity for the health care institution;
    - b. For modification of a licensed health care institution:
      - i. The health care institution's license number,
      - ii. The name and address of the licensee,
      - iii. The health care institution's class or subclass, and
      - iv. The health care institution's existing licensed capacity and the requested licensed capacity for the health care institution;
    - c. The health care institution's contact person's name, street address, city, state, zip code, telephone number, and fax number;
    - d. If the application includes architectural plans and specifications:
      - i. A statement signed by the governing authority or the licensee that the architectural plans and specifications comply with applicable ~~license~~ licensing requirements in A.R.S. Title 36, Article 4 and ~~9 A.A.C. 10~~ this Chapter and the health care institution is ready for an onsite inspection by a Department representative;
      - ii. The project architect's name, street address, city, state, zip code, telephone number, and fax number; and
      - iii. A statement signed and sealed by the project architect, according to the requirements in 4 A.A.C. 30, Article 3, that the project architect has complied with A.A.C. R4-30-301 and the architectural plans and specifications are in substantial compliance with applicable ~~license~~ licensing

licensing requirements in A.R.S. Title 36, Article 4 and ~~9 A.A.C. 10~~ this Chapter;

- e. A narrative description of the project; ~~and~~
  - f. A functional program as described and required in the American Institute of Architects and Facilities Guidelines Institute, Guidelines for Design and Construction of Health Care Facilities incorporated by reference in A.A.C. R9-1-412;
  - ~~f. g.~~ If providing or planning to provide medical services, which require compliance with specific physical plant codes and standards incorporated by reference in R9-1-412, the number of rooms or inpatient beds designated for providing the medical services;
2. If the health care institution is located on land under the jurisdiction of a local governmental agency, one of the following:
- a. A building permit for the construction or modification issued by the local governmental agency; or
  - b. If a building permit issued by the local governmental agency is not required, zoning clearance issued by the local governmental agency that includes:
    - i. The health care institution's name, street address, city, state, zip code, and county;
    - ii. The health care institution's class or subclass and each type of medical services to be provided; and
    - iii. A statement signed by a representative of the local governmental agency stating that the address listed is zoned for the health care institution's class or subclass;
3. The following information on architectural plans and specifications that is necessary to demonstrate that the project described on the application form complies with applicable codes and standards incorporated by reference in R9-1-412:
- a. A table of contents containing:
    - i. The architectural plans and specifications submitted,
    - ii. The physical plant codes and standards incorporated by reference in R9-1-412 that apply to the project or are required by a local governmental agency,
    - iii. An index of the abbreviations and symbols used in the architectural plans and specifications, and

- iv. The facility's specific International Building Code construction type and International Building Code occupancy type;
- b. If the facility is larger than 3,000 square feet and is or will be occupied by more than 20 individuals, the seal of an architect on the architectural plans and drawings according to the requirements in A.R.S. Title 32, Chapter 1;
- c. A site plan, drawn to scale, of the entire premises showing streets, property lines, facilities, parking areas, outdoor areas, fences, swimming pools, fire access roads, fire hydrants, and access to water mains;
- d. For each facility, ~~on architectural plans and specifications:~~
  - i. A floor plan, drawn to scale, for each level of the facility, showing the layout and dimensions of each room, the name and function of each room, means of egress, and natural and artificial lighting sources;
  - ii. A diagram of a section of the facility, drawn to scale, showing the vertical cross-section view from foundation to roof and specifying construction materials;
  - iii. Building elevations, drawn to scale, showing the outside appearance of each facility;
  - iv. The materials used for ceilings, walls, and floors;
  - v. The location, size, and fire rating of each door and each window and the materials and hardware used, including safety features such as fire exit door hardware and fireproofing materials;
  - vi. A ceiling plan, drawn to scale, showing the layout of each light fixture, each fire protection device, and each element of the mechanical ventilation system;
  - vii. An electrical floor plan, drawn to scale, showing the wiring diagram and the layout of each lighting fixture, each outlet, each switch, each electrical panel, and electrical equipment;
  - viii. A mechanical floor plan, drawn to scale, showing the layout of heating, ventilation, and air conditioning systems;
  - ix. A patient medical gas, vacuum, and piping distribution system plan, drawn to scale, showing the layout, gas, pipe sizing, stations, and materials;



- ~~ix-x.~~ A plumbing floor plan, drawn to scale, showing the layout and materials used for water and sewer systems including the water supply and plumbing fixtures;
- ~~x-xi.~~ A floor plan, drawn to scale, showing the communication system within the health care institution including the nurse call system, if applicable;
- ~~xi-xii.~~ A floor plan, drawn to scale, showing the automatic fire extinguishing, fire detection, and fire alarm systems; and
- ~~xii-xiii.~~ Technical specifications describing installation and materials used in the health care institution; and

4. The estimated total project cost including the costs of:

- a. Site acquisition,
- b. General construction,
- c. Architect fees,
- d. Fixed equipment, and
- e. Movable equipment;

**B.** For approval of architectural plans and specifications for the construction or modification of a health care institution that is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in R9-1-412, an applicant shall submit to the Department upon completion of the construction or modification:

~~5-1.~~ The following, as if applicable:

- a. If the health care institution is located on land under the jurisdiction of a local governmental agency, one of the following provided by the local governmental agency:
  - i. A copy of the Certificate of Occupancy,
  - ii. Documentation that the facility was approved for occupancy, or
  - iii. Documentation that a certificate of occupancy for the facility is not available;
- b. A certification and a statement that the construction or modification of the facility is in substantial compliance with applicable ~~licensure~~ licensing requirements in A.R.S. Title 36, Article 4 and ~~9 A.A.C. 10~~ this Chapter signed by the project architect, the contractor, and the owner;
- c. A written description of any work necessary to complete the construction or modification submitted by the project architect;

- d. If the construction or modification affects the health care institution's fire alarm system, a contractor certification and description of the fire alarm system on a form provided by the Department;
- e. If the construction or modification affects the health care institution's automatic fire extinguishing system, a contractor certification of the automatic fire extinguishing system on a form provided by the Department;
- f. If the construction or modification affects the health care institution's heating, ventilation, or air conditioning:
  - i. ~~a~~ A copy of the tests of heating, ventilation, air conditioning, pressure relationships, and air balance tests and a contractor certification of the heating, ventilation, or air conditioning systems performed and certified by a person who did not install the heating, ventilation, or air conditioning system; and
  - ii. A document signed by the project's mechanical engineer stating that the results of the tests performed according to subsection (A)(5)(f)(i) demonstrate that the heating, ventilation, and air conditioning systems operate as designed;
- g. If draperies, cubicle curtains, or floor coverings are installed or replaced, a copy of the manufacturer's certification of flame spread for the draperies, cubicle curtains, or floor coverings;
- h. For a health care institution using ~~inhalation anesthetics or nonflammable medical gas,~~ a patient medical gas, vacuum, and piped distribution systems:
  - i. ~~A copy of the Compliance Certification for Inhalation Anesthetics or Nonflammable Medical Gas System required in the National Fire Codes incorporated by reference in R9-1-412~~ tests of the patient medical gas, vacuum, and piped distribution systems performed and certified by a person who did not install the patient medical gas, vacuum, and piped distribution systems;
  - ii. A document signed by the project's mechanical engineer stating that the results of the tests performed according to subsection (A)(5)(h)(i) demonstrate that the patient medical gas, vacuum, and piped distribution systems operate as designed;

- iii. A copy of the patient medical gas, vacuum, and piped distribution systems installer qualifications required in the National Fire Codes incorporated by reference in A.A.C. R9-1-412; and
- iv. A copy of the patient medical gas, vacuum, and piped distribution systems brazing procedures qualifications required in the National Fire Codes incorporated by reference in A.A.C. R9-1-412;
- i. If ~~a~~ an emergency generator is installed, the kilowatt capacity, number of transfer switches, transfer time, and a copy of the installation acceptance required in the National Fire Codes incorporated by reference in R9-1-412;
- j. If an isolated power system is installed, documentation indicating that the isolated power system has been evaluated and tested by an electrical engineer after installation and the results of tests performed on the isolated power system demonstrate that the isolated power system operates as designed;
- ~~j-k.~~ For a health care institution providing radiology, a written report from a certified health physicist of the location, type, and amount of radiation protection; ~~and~~
- ~~k-l.~~ If a factory-built building is used by a health care institution:
  - i. A copy of the installation permit and the copy of a certificate of occupancy for the factory-built building from the Office of Manufactured Housing; or
  - ii. A written report from an individual registered as an architect or a professional structural engineer ~~under~~ according to 4 A.A.C. 30, Article 2, stating that the factory-built building complies with applicable design standards;
- m. A copy of the infection control risk assessment required in the American Institute of Architects and Facilities Guidelines Institute, Guidelines for Design and Construction of Health Care Facilities incorporated by reference in A.A.C. R9-1-412;
- n. A copy of a food establishment license issued according to 9 A.A.C. 8, Article 1;
- o. A copy of a pharmacy permit issued according to 4 A.A.C. 23;
- p. A copy of a swimming pool permit and a copy of a swimming pool barrier permit issued by a local governmental agency;
- q. A copy of written documentation issued by the Federal Aviation Administration approving the use of a heliport;

- r. The site plan described in subsection (A)(3)(c) and the floor plans described in subsection (A)(3)(d), with graphic scale, formatted on 11 by 17 inch paper; and
  - s. A copy of the as-built drawings for the project;
- ~~6.2.~~ A statement signed by the project architect that final architectural drawings, ~~and specifications, and all owner's manuals and operating manuals of all related installed equipment~~ have been submitted to the person applying for a health care institution license or the licensee of the health care institution; and
- ~~7.3.~~ The applicable fee required by R9-10-122.
- B.C.** Before an applicant submits an application for approval of architectural plans and specifications for the construction or modification of a health care institution, an applicant may request an architectural evaluation by submitting the documents in subsection (A)(3) to the Department.
- C.D.** The Department shall approve or deny an application for approval of architectural plans and specifications of a health care institution in this Section according to R9-10-108.
- D.E.** In addition to obtaining an approval of a health care institution's architectural plans and specifications, a person shall obtain a health care institution license from the Department before operating the health care institution.
- F.** If the Department determines that a licensed health care institution does not comply with an applicable physical plant health and safety code or standard incorporated by reference in A.A.C. R9-1-412 and the administrator of the health care institution submits to the Department the information specified in subsections (A)(1) through (A)(4) that includes architectural plans and specifications demonstrating compliance with the code or standard, the Department may allow the health care institution up to three years to complete the construction or modification if the Department determines non-compliance with the code or standard does not pose a direct risk to the life, health, or safety of patients.
- G.** If the architectural plans and specifications in subsection (E) consist of an entire building being replaced by the construction of a new building, the Department may allow up to two additional years for the health care institution to complete the construction of the new building if the Department determines the health care institution's non-compliance with an applicable code or standard incorporated by reference in A.A.C. R9-1-412 does not pose a direct risk to the life, health, or safety of patients.